

Saint Paul Parks and Recreation Baseball Field Rental Application

Type of Permit (circle all that applies on the next two lines)						
New Renter Returning Renter - most recent year						
Youth Adult	Practice Use Game		Use Tourna	ment Use	Camp/Clinic	
Contact Informatio	n					
Organization/Group/Team Name:						
Contact Person:				Email Address:		
Address:	,					
City: S		State:		ZIP:	ZIP:	
Day Phone:		Fax:		Mobile	:	
Event Specifics						
Arlington/ Arkwright Field (1) McMurray Field(1) Dunning Stadium (1) Please indicate event/rental specifics:						
Event Specifics:	Day(s) of	Week:	Start Date -	End Date	Start Time - End Time	
Additional Information						
Expected Attendance: Will you be collecting any money f					y for this event? Yes No	
Please explain your proposed use for this facility:						
Applicant Signature						
As the applicant, I hereby agree and understand that it is my responsibility to oversee all parties affiliated with the event and to insure compliance with all policies, rules and regulations, and guidelines of Saint Paul Parks and Recreation. I understand that any violations may result in immediate cancellation of the reservation and/or revocation of the permit. I understand that the reservation/ permit is non-transferable and refundable (at 80% of cost) only if cancellation is declared 1 week in advance of the scheduled rental date.						
Signature of applicant:					Date:	

Contact Information: St. Paul Municipal Athletics

1500 Rice St. No. Saint Paul, MN 55117 651-558-2117 Fax 651-558-2237 FieldRentals@ci.stpaul.mn.us

^{*} Please attach spreadsheet with additional dates as needed.